MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ *591122*	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13	✓						63						
14		✓					64						
15		✓					65						
16		✓					66						
17	✓						67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23	✓						73						
24		✓					74						
25		✓					75						
26		✓					76						
27	✓						77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)